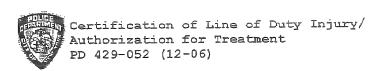
Form 89b - Authorization



Medical 3:11s Number: 2011014235

Clinic: Robert E. Thomas Health Care Unit Doctor / Group Authorized: ANY PROVIDER

To Be Rendered To: MASSO WILLIAM

Social Security Number:

Diagnosis: INJURY TO (L) KNEE

---y-----

Services Authorized:

MRI (L) KNEE

Specific Questions to be answered by the above named Provider:

#### NOTICE TO PROVIDER

This Authorization is valid for 90 days after issuance. UPON COMPLETION OF THE SERVICES RENDERED SUBMIT:

- 1) AN ORIGINAL BILL BEARING YOUR TAX ID
- 2) A LEGIBLE REPORT OF YOUR FINDINGS
- 3) THE ORIGINAL AUTHORIZATION (Copies can NOT be scanned)

Mail all THREE items to the NEW YORK CITY POLICE DEPARTMENT AT THE ADDRESS INDICATED BELOW:

Robert Thomas Health Care Unit

59-17 Junction Blvd - Room 1524 Corona NY 11368

Payment will be made at New York State Compensation rates only. This authorization is valid only for the Provider named above. Fayment will not be made unless the Three (3) items are forwarded as indicated above.

Bills for services rendered should be submitted in a timely lashion.



2011014235 ... 904475

Chief Surgeon

7/22/2011

LOD Injury On: Jul 21 2011

Date:

Tax Number:

Form 89b - Authorization Case 1:12-cr-00117-JGK Document 121-9 Filed 07/11/12 Page 2 of 5 Page 1 of 1

p.6



Certification of Line of Duty Injury/ Authorization for Treatment PD 429-052 (12-06)

Medical Bills Number: 2011017531

Clinic: Robert E. Thomas Health Care Unit

Doctor / Group Authorized: DR. SCLAFANI

To Be Rendered To: MASSO WILLIAM

Social Security Number:

Diagnosis: LEFT KNEE INJURY

9/6/2011 Date:

Tax Number:

LOD Injury On: Jul 21 2011

Services Authorized:

SECOND OPINION - Initial Visit plus X-Ray and 1 Follow Up Visit

Specific Questions to be answered by the above named Provider:

#### NOTICE TO PROVIDER

This Authorization is valid for 90 days after issuance. UPON COMPLETION OF THE SERVICES RENDERED SUBMIT:

- 1) AN ORIGINAL BILL BEARING YOUR TAX ID
- 2) A LEGIBLE REPORT OF YOUR FINDINGS
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Bills for services rendered should be submitted in a timely fashion.



Chief Surgeon

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Case 1:12-cr-00117-JGK Document 121-9 Filed 07/11/12 Page 3 of 5

1660 EAST 14TH STREET BROOKLYN, NY11229 718-375-0011 718-375-3305

## ORTHOPEDIC ASSOCIATES, P.C.

942 FIFTH AVENUE NEW YORK, NY 10021 212 -734-4504 212 - 249-5463

### **Progress Note**

DICTATING PHYSICIAN:

Joseph D'Angelo, M.D.

DATE:

August 30, 2011

PATIENT NAME:

William Masso

#### **CHART NUMBER:**

The patient is evaluated post having sustained injury while on the job as a police officer when he was attempting to apprehend a propitiator and sustained an injury involving the left knee. There is a torn medial meniscus with chondromalacia of the patella. Guarded prognosis is explained. He understands that an operative arthroscopy is one of the options and he will consider other options including no treatment which he does not feel is a suitable option. He will return for this final decision in the next several days. At this time, a formal authorization is being requested from the carrier. The authorization of this is being requested just for an operative arthroscopy.

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** WORK COPY - NOT FOR MEDICAL RECORD **	Progress	No
NOTE DATED: 07/21/2011 06:47 ED PATIENT DISCHARGE INSTRUCTIONS /ISIT: 07/21/2011 02:29 EMERGENCY DEPARTMENT		
DIAGNOSIS		
Syncope (Vasovagal);780.2	-	
Knee Contusion; 924.11		
DISCHARGE INTRUCTIONS: return to ED if you have any concerns or symptoms return		
You have been evaluated today by an independent healthcare provideracticing Emergency Medicine. In most cases follow-up care is revith your regular Doctor, HMO or Clinic within 2 days.	ler commended	
Follow Up With PMD: Your PMD in 1 Week(s)		
TEDICATION RECONCILIATION		
ALLERGIES No Known Allergies		
HOME MEDICATIONS		
1) ROSUVASTATIN CA 20MG TAB Dosage: 20MG, Schedule: AT BEDTIME		
MEDICATIONS GIVEN IN THE EMERGENCY DEPARTMENT		
No data available		
MEDICATIONS PRESCRIBED UPON DISCHARGE		
** THIS NOTE CONTINUED ON NEXT PAGE **  ORK COPY ======= UNOFFICIAL - NOT FOR MEDICAL RECORD =======	D0 170-	-
	=== DO NOT 7/21/2011	
	.,/	J /

## Case 1:12-cr-00117-JGK Document 121-9 Filed; 07/11/12 Page 5 of 5

** WORK COPY - NOT FOR MEDICAL RECORD **	Progress Notes
)7/21/2011 06:47 ** CONTINUED FROM PREVIOUS PAGE **	

If the symptoms worsen or new symptoms develop return to the Emergency Department (ED) immediately. Call your doctor for additional questions.

RN Signature

Patient signature

Signed by: /es/ ANGELA CABA
PHYSICIAN
07/21/2011 06:49

WORK COPY ======= UNOFFICIAL - NOT FOR MEDICAL RECORD ======= DO NOT FILE
MASSO, WILLIAM LUTHERAN MEDICAL CENTER Printed:07/21/2011 07:00
0000715311 Pt Loc: OUTPATIENT Ph:

=== CONFIDENTIAL INFORMATION ==========